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PENSACOLA, FLORIDA, SUNDAY MORNING, SEPTEMBER 17, 1905

Insurance Companies and Political Corruption Funds.

It was highly interesting testimony that Geo. W. Perkins, member of the firm of J. P. Morgan & Co., and first vice president of the New York Life Insurance Company, gave before the special legislative probing committee Friday, a report of which was given by the Associated Press in The Journal yesterday morning.

The fact that one man—the president of the company—has authority to contribute out of the company's funds, amounts as large as \$48,702 without the knowledge of even the finance committee, is bad enough in itself.

But the other fact that a contribution of that size—or any other size for that matter—should be made out of the policy holders' money for a political corruption fund is a revelation that is anything but complimentary to either the honesty of the insurance company's officers or to the business principles which are supposed to govern present day insurance methods.

The truth of the matter is the great monied institutions of the country, of which the insurance companies form only a small number, have of recent years become so bold, so defiant, and so utterly oblivious to the rights of the public, that even highway robbery is a virtue compared with some of their unchallenged and unpunished habits and practices.

The act which the vice president of the New York Life testified as having been committed was nothing more or less than theft—not legal chivalry perhaps and probably not legally punishable—but certainly moral theft of the policy holders' money.

What right has the New York Life or any other insurance company to act for its policy holders in political matters? Does it know what is better for them than they do themselves?—and if it does know, has it any right to use their money as a political corruption fund with which to debauch an electorate and pervert public sentiment?

Recent investigations and disclosures have made it apparent that the great insurance companies are accumulating too much money and squandering too much of the policy holders' funds on high-salaried favorites and by other methods even more questionable, and the time has arrived for a halt.

What congress will do or can do about it is a question. But something ought to be done.

The Tallahassee Capital seems to have a poor opinion of the Jacksonville Metropolis. The Metropolis probably reciprocates the opinion.

The Refusal to Admit the Steamer Tarpon.

No one will find any fault with the people of St. Andrews, Apalachicola, and Carrabelle for the very laudable desire to protect the health of their homes and communities. It is, in fact, to their credit that they should take all reasonable precautions for protection and we have a wholesome respect for the spirit which prompts them to do so.

In the matter of the steamer Tarpon, however, those three ports have not only been unreasonable in their attitude but they have clearly violated the state law governing such cases. Their refusal to allow the Tarpon to land was all the more unwarranted when all the facts in the case are known.

In the first place the Tarpon had been at each of these ports since she was last at Pensacola. On her trip to receive freight from this city, she came no nearer than the quarantine station, which is all of seven miles from Pensacola, and her cargo was taken aboard from lighters at that point. There was no possibility of in-

fection at the quarantine station, and there is not a port in the world, outside probably of the three mentioned, that would have granted immediate entry to any vessel under the same circumstances and bearing, as the Tarpon did, a clean bill of health from the officials in charge of the quarantine station at this port.

The people of St. Andrews, Apalachicola, and Carrabelle made a mistake in refusing admission to the vessel. They possibly did not understand all of the circumstances, but now that they do understand them, we have no doubt that they will be the first to rectify, so far as possible, the error which they made, and certainly to profit by it in the future.

Pensacola does not want to jeopardize the health of any community and it was for that reason that the unusual precautions in the case of the loading of the Tarpon were taken.

The St. Augustine Record is one of the brightest papers that comes to The Journal's exchange table.

A Plain Statement of Fact to the Outside World.

As an example of the impression which the silly and inexplicable attitude of the Pensacola News, in reference to Dr. Porter, the other health officials, and the physicians of this city, is calculated to create in the minds of the state press and the outside public who do not understand how the News is regarded at home, the following from the Tampa Times of Thursday will serve the purpose:

The attention of the Times has been called by an observant citizen to the following clipping from the Pensacola News, under the date of September 4:

"While Dr. Porter perhaps has been the most maligned man in the city since that outbreak, we still hold him in high regard. Under the circumstances, however, we are holding out the hope that he will have to fall in our estimation; that we will in the end doubt his decisions."

Some days ago the Times published a brief article, in which the opinion of a citizen was expressed concerning the lack of co-operation manifested by Pensacola in assisting the state health officer. Had any further confirmation of the citizens' remarks been necessary the clipping above reproduced could certainly furnish it.

Considering the seriousness of the situation, and the necessity for co-operation along all lines in the suppression of such a dangerous menace as yellow fever, the expression of the Pensacola paper cannot but be con-

The Journal Printed During August, 1905, a Total of

127,335 COPIES

or an average

4,716 DAILY

The following figures show The Pensacola Journal's circulation for each day during the month of August, 1905, with the average number of copies daily:

August 1	4,350	August 16	4,800
August 2	4,400	August 17	4,800
August 3	4,335	August 18	4,800
August 4	4,400	August 19	4,800
August 5	4,350	August 20	5,250
August 6	5,000	August 21
August 7	August 22	4,800
August 8	4,500	August 23	4,800
August 9	4,500	August 24	4,650
August 10	4,500	August 25	4,800
August 11	4,625	August 26	4,800
August 12	4,625	August 27	5,200
August 13	5,000	August 28
August 14	August 29	4,800
August 15	4,600	August 30	4,800
		August 31	5,000

Total for the month.....127,335
Average per day.....4,716

I hereby certify that the above statement is correct according to the records on file in this office.

FRED A. SWEET,
Circulation Mgr.

Sworn to and subscribed before me this 31st day of August, 1905.

J. P. STOKES.

Notary Public.

strued unfavorably. In justice to the Pensacola paper, it may be added that the clipping was not taken from the editorial columns of the paper, but was printed in a little column of "gossip" containing some insane jokes and similar matter, apparently the effusions of an undeveloped journalistic mind.

It is to be judged, however, by later developments that the people of Pensacola have found to their sadness, that the diagnosis of the eminent Florida physician was correct in every way, and that there is no room left to "doubt his decisions."

Later the people of Pensacola appear to have awakened to the necessity for an intelligent co-operation with Dr. Porter, and are assisting him in every way. This change of front will meet with the hearty approbation of every citizen of the state.

For the benefit of the Times and the public at large, The Journal will say that the Pensacola News's attitude since the fever was discovered in this city is not representative of the people of Pensacola. It is, in fact, so solemnly repudiated by practically the entire city.

The News has no influence at home, and no one attaches any importance to, or has any faith in, anything it says. The outside public, however, is not supposed to know all this and for that reason The Journal feels called upon to make this plain statement of the facts in the case.

Pensacola almost to a man stands squarely behind Dr. Porter, his assistants, and the other physicians of this city, in their honest and tireless efforts to stamp out the yellow fever, and with the aid of our citizens they are going to stamp it out regardless of the petty nagging and continued knocking of the News or anyone else.

The Journal's circulation for the present month is going to break all records, and by several hundred at that. It will be a top-notch in the history of The Journal and that is saying a good deal.

VOX POPULI

Santa Rosa Quarantine.

Bagdad, Fla., Sept. 16, 1905.

Editor Pensacola Journal:—Why is it that the board of health has not taken notice of the unjust quarantine placed on this Santa Rosa county, by Alabama and Georgia?

There has not been a case of yellow fever in Santa Rosa county in twenty years. There is from two to five miles of water between this county and Pensacola, while from Escambia all that has to be done is to walk in or out.

It is unjust to be published all over the country as infected.

JOHN ROURKE.

DO FISH SHOW TEMPER?

The Finny Tribe May Indulge in Both Fun and Indignation.

A fish inquisitive or in a temper is undoubtedly an absurd idea at first sight, but the absurdity lessens on reflection. All animals of whose ways we have intimate knowledge reveal the emotions which the fisherman denies to fish. For example, children, lambs, young tigers, young lions, young monkeys, kittens and puppy dogs rush at things which attract their eyes, and that without thought of eating them, and if they are thwarted or injured in the contact they are apt to rush at them again in irritation. If, then, we take it for granted that fish are incapable of curiosity and irritation, we are assuming that the minds of fish are fundamentally different from those of all living creatures with whose natures we are familiar.

That, when one thinks of it, would be an assumption so great as to be impossible of acceptance until it had been justified by the clearest reasoning. No reasoning whatsoever can be offered in its favor, and some can be offered against it. We have no authority for believing that the mental characteristics of fish are different from those of animals generally. We are used to believing this, but the usage is unintelligent. It probably springs from the separation of sympathies which come from our living in an "element" other than that of the salmon and the trout. If we were amphibious we should have a clearer insight into their ways and perhaps find that both fun and indignation lurk at times under the saturnine aspect of their visages.

As it is, some of us who have been in the accidental neighborhood of a shark have had cause to realize that even as "a hungry man is an angry man" a hungry fish, when annoyed in pursuit of his meal, is angry, too, and not unwilling to risk his skin in vindication of his appetite and his wrath. Besides, all fishermen, to their sorrow, know that there are times when salmon and trout rise brisily, but "not in earnest."

Many an exasperating hour have all of us spent with fish who give our flies a frequent poke or a frequent nibble at the tails of them and escape untouched. Many a time also have we found them rising at the fly not with their mouths, but with their tails, seeking to flick them under the surface and to "drawn" them, to all appearance in the spirit in which a cat plays with a mouse. The analogy between fish and other creatures in the matter of curiosity and gambling goes even further. It may have been observed that it was the young of tigers and cats and dogs and other creatures that we spoke of as given to playing with things that attract their eyes, not the elderly animals so much.

Well, fish are in exactly the same case.—London Standard.

State Press on the Pensacola Situation

That Charge of "Graft."

A Pensacola physician has been arrested and sentenced for circulating a report and charge that yellow fever does not exist in that city—and that the authorities are reporting the presence of the disease there because there is "graft" in it. A fellow usually hollows when he gets the small end of the deal, and it may be that this "sawbone" was offended because he did not get a slice of the "pie" when it was cut.—Miami Metropolis.

Doing His Best.

Pensacola is doing its best to down the yellow fever outbreak. In its efforts it should have the sympathy and encouragement of every town in the State.—St. Augustine Record.

Confidence in Health Board.

The prevalence of three cases of yellow fever in Pensacola is regretted throughout the State. But the promptness of the health officials in taking vigorous action to prevent its increase and spread, as in the case at Tampa, gives assurance that the fever will not prove fatal to life and property in this State. In this connection, it is not amiss to say that the skill and faithfulness of the Board of Health of Florida inspires confidence in its ability to cope with the yellow fever situation, at all times.—Leesburg Commercial.

Porter Will Check It.

Yellow fever in Pensacola has not yet been stamped out. Up to date there have been eleven cases and one death. The disease seems to be of mild type. We are confident of the ability of Dr. Porter to hold the dread disease in check.—Madison New Enterprise.

An Heir to Trouble.

An heir to Mayor Bliss seems to have fallen heir with his office to no end of trouble. He and the people are not a unit on a number of public questions, and some arguments have not only been fervent but energetic and muscular to a degree, notably the last event in which the mayor was knocked down by his opponent because the mayor refused to append his official signature to the Jim Crow ordinance recently passed by the city council of Pensacola.—Leesburg Commercial.

Nothing Serious Expected.

Pensacola has yellow fever but Dr. Porter is on the ground and nothing serious is expected to result.—Bradenton Journal.

The Voice of Sympathy.

The fever situation in Pensacola is to be extremely regretted, and whatever might be the promptings of criticism in the matter of its introduction and original spread they are entirely silenced by the voice of sympathy which the affliction has excited.

It is hoped future efforts for the suppression of the disease will have the hearty cooperation of all the people and be crowned with success.—Tampa Times.

Vigorous Measures Will Succeed.

The yellow fever situation is none too cheerful, although there is no doubt of the truth of the assertion that the physicians have a slight advantage in the struggle. The vigorous measures at Pensacola will keep the cases there within bounds and prevent the spread of the disease, and the fact that it is so near at hand should be an incentive for everyone to clean up, fumigate and prepare for the scourge in case it should come. Make an effort to kill the mosquitoes, clean out all cesspools and sicken up generally, whether you fear the fever or not.

The many ports of Florida afford a good opportunity for refugees to get into the State, and nothing but a thorough patrol of the coast could prevent it, if they were inclined to come here. The reports from many States of numerous cases shows that with but few exceptions a vigorous effort is being put forth to check it, and it is safe to predict that the epidemic will not increase much more, if any, than it is at present.

But, in the meantime, let all look to their own household, and when it comes we will be prepared to receive the plague.—Gainesville Sun.

His Ability "Recognized."

It seems to be a case of "you'll be damned if you do and damned if you don't" over in Pensacola. Dr. Gonzalez, a recognized authority on yellow fever, has been arrested for declaring that there was no yellow fever in Pensacola; and still others have been punished for circulating the report that they did have it. Verily, they seem to "ketch 'em gwine and comin'."—Miami Metropolis.

The Case of Dr. Gonzalez.

The reported conduct of Dr. Gonzalez at Pensacola is to be very regretted. If the charges against him are true. This sort of thing is both direct and indirect violation of the law and should be severely punished. In some or most of the despotic governments of the world—whose tyranny we all frequently lament—this action would be promptly met not only by arrest, but signal punishment. In this land of liberty, however, the individual is practically given freedom to violate certain classes of laws with impunity. Unless the story in the despatches is grossly exaggerated, Dr. Gonzalez should be in jail without the privilege of bail, just as any other preacher and fomenter of sedition should be. This American people take a certain kind of offenses with entire too much indulgence, and this is an aggravating instance.—Tampa Times.

THE TRANSMISSION OF YELLOW FEVER AND HOW TO NURSE IT

At a meeting of the Orleans Parish Medical Society, held August 12, 1905, Dr. Rudolph Matas addressed the Society on the "New duties and responsibilities imposed upon trained nurses, and other persons entrusted with the care of yellow fever patients, in consequence of the newly acquired knowledge of the mode of transmission of this disease by the mosquito."

A brief synopsis of the elementary facts connected with yellow fever prophylaxis and a statement of the nurse's sanitary duties in this disease, which he had utilized in his teaching, and submitted to the Society are published for the benefit of The Journal's readers as follows:

ELEMENTARY FACTS OF EDUCATIONAL VALUE.

1. Yellow fever may be defined as an acute, infectious, febrile disease which is transmitted from the sick to susceptible individuals through the agency of mosquitoes; and, as far as known, by the single species, the *Stegomyia Fasciata*, which is the common domestic or eastern mosquito of New Orleans, and in fact of all the localities in which yellow fever prevails.

The germ or transmissible poison of yellow fever exists in the blood of yellow fever patients only during the first three days of the disease; afterwards the patient ceases to be a menace to the health of others. Hence the importance of recording the very hour when the attack first began.

2. The mosquito (*Stegomyia Fasciata*) is powerless to convey the disease to a susceptible person by its bite until at least twelve days have elapsed after biting the yellow fever patient. This period of incubation in the mosquito is the time that is required for the germ of the disease to breed in the body of the mosquito and to migrate from the insect's stomach to its salivary glands. The United States Army Yellow Fever Commission found, in 1900, that in Cuba this period varies from twelve days, in the hot summer months, to eighteen days and over, in the cooler winter season.

3. After incubating the yellow fever germ in its body during the period above specified, the *Stegomyia* is ready to transmit the disease during the entire period of its natural life, which may extend over 154 days, provided the insect has access to water. (Gutierrez.) Walter Reed was able to inoculate yellow fever with a *Stegomyia* fifty-seven days old. Gutierrez with another 101 days old. [Note—According to Agramonte *Stegomyia Fasciata* in Havana can only be coaxed to bite until four days old. With us, in Louisiana, says Dupree, it bites without coaxing within twenty-four hours after emerging from the pupa case. It was believed, at one time, that: (1) the females of *Stegomyia* must be impregnated before they will bite; (2) that the female, after biting once, does not appear to bite a second time, or at least until five or seven days have elapsed; but Dupree says that the *Stegomyia* in Louisiana has been isolated and reared apart from the males will bite promptly and frequently. Probably after they have digested their blood meal, and, like *Anopheles*, within three to five days after.]

4. A period, varying from two to five days, usually elapses after the bite of an infected mosquito before the symptoms of yellow fever will develop in the human subject. (This is the incubation period of yellow fever, and the United States Army Yellow Fever Commission found that in thirteen cases of experimental yellow fever obtained by the bites of mosquitoes it varied from forty-one hours to five days and seventeen hours, after inoculation.)

5. From the above, we gather that if an adult *Stegomyia Fasciata* bites a yellow fever patient within the first three days of the disease, it will have to incubate the poison in its body from twelve to eighteen days (incubation period in the mosquito); then, if it bites a susceptible person at the expiration of this time, two to five days must elapse for the disease to manifest itself in the bitten person. Therefore, incriminating the probable spread of yellow fever from a single individual to the susceptible persons in his environment, a period of at least twenty-six days must be allowed to elapse before the success or failure of any preventive measures, directed towards the destruction of the mosquito, can be determined. In view of the fact that several days may elapse before a mosquito infected from the first case may bite a susceptible person, this period of observation should be lengthened to thirty days, which is the time given by the health authorities of New Orleans in the present epidemic, to determine if a focus will develop from an infected case after its first appearance in a given locality.

6. The *Stegomyia Fasciata* cannot convey yellow fever during the time that the poison is incubating in its body (twelve to eighteen days). It may bite freely and repeatedly during this period, but its bite is innocuous; neither does its bite within this period confer any immunity to the bitten person.

7. Yellow fever is not transmitted or conveyed by fomites (i. e. articles

or inanimate objects that have come in contact with yellow fever patients or their immediate surroundings.) Hence the disinfection of clothing, bedding or merchandise supposedly soiled or contaminated by contact or proximity with the sick, is unnecessary.

8. The bodies or cadavers of the dead from yellow fever are incapable of transmitting the disease unless death occurs within the first three days of the disease (a rare occurrence); and then only if mosquitoes are allowed to bite the body before decomposition has set in.

9. There is no possibility of contracting yellow fever from the black vomit, evacuations, or other excretions of yellow fever patients.

10. An attack of yellow fever caused, as it always is, by the bite of the *Stegomyia*, confers immunity against subsequent attacks of the disease.

Duties of the Trained Nurse.

NEW DUTIES AND RESPONSIBILITIES IMPOSED UPON TRAINED NURSES IN THE TREATMENT OF YELLOW FEVER, IN CONSEQUENCE OF THE ABOVE FACTS.

1. No nurse can be considered as trained in the management of yellow fever in the light of present accepted knowledge unless she realizes fully, earnestly, and conscientiously, that the disease is transmitted solely by mosquitoes, and that it is her duty to prevent the admission of these insects to the sick room and to destroy them promptly if they should find their way therein.

2. That, as the inseparable attendant at the bedside of the patient she must cooperate with the physician in the discharge of his functions as guardian of the public health. The trained nurse in this capacity becoming directly the most efficient and important sanitary agent in preventing the spread of yellow fever in infected localities. Upon her intelligent appreciation of the mode of transmission of this disease, her personal safety (if she is an non-immune) and the protection of the family and the entire household of the patient, (especially if these are not immune) largely, if not entirely, depends.

3. Every nurse must bear in mind that the most malignant yellow fever patient is innocuous and absolutely harmless to even the most susceptible non-immune, if the proper precautions are taken to prevent the access of mosquitoes to the patient's person.

4. The greatest freedom of personal contact and intercourse may therefore be permitted between the yellow fever sick and the well in the sick room, and provided the inoculation of mosquitoes, by biting the patient during the first three days of the disease, is absolutely prevented.

5. The mission of a trained nurse is not satisfactorily accomplished if a patient, suffering from any kind of fever, in localities infected with yellow fever, who is confined to her care, is allowed to be bitten by a mosquito, even if the fever is proven not to be yellow fever. Mosquito bites are annoying and harmful even if not infective to the patient, and it must be looked upon as an evidence of neglect, if he shows evidences of mosquito stings.

6. No nurse can consider herself a trained yellow fever nurse unless she has made herself thoroughly familiar with the weapons, which science and experience have given her to effectively protect her non-infected patients and those persons who are dependent upon her knowledge and exertions for safety from the infected.

7. The weapons of offense and defense that the nurse must learn to handle in protecting her patients are:

(A) The Mosquito Bar (Bobbinet Preferred), to Isolate the Patient in His Bed.

1. The netting of bars must have meshes fine enough to prevent the passage of mosquitoes.

2. Mosquitoes can bite through mosquito nets when any part of the patient's body is in contact with the netting.

3. Frequent examinations should be made to see that there are no torn places in the netting and that no mosquitoes have found a lodging inside. The netting should be well tucked in to keep the mosquitoes from entering.

4. If mosquitoes are found within the netting they should be killed inside, not merely driven or shaken out.

5. All cases of fever should be promptly reported to the physician; awaiting his arrival they should be covered with a mosquito bar. This is particularly important in dealing with mild fevers, especially in infants and children in localities liable to infection with yellow fever. The disease manifests itself in such a mild form in infancy and early childhood, that it is likely to escape recognition. On account of the very mildness of the symptoms the usual precautions are not taken and the mosquitoes are able to spread the disease without molestation. The mild or unrecognized cases are, for this reason, the most dangerous from a sanitary point of view.

(B) Screens.

All openings leading to the sick chamber should be screened. Outside of hospitals, wire screens are not usually available and provisional screens can be made of bobbinet or cheese cloth, which can be tacked or otherwise secured to the openings of the sick room.

(C) Sulphur and Pyrethrum for Fumigation.

Fumigate the room with sulphur or pyrethrum (insect powder) to destroy possibly infected mosquitoes as early as possible after the fourth day of fever. Sulphur burned in an iron pot is the surest way, and if used in proper quantity will not injure fabrics or colors. Three pounds in an average room is sufficient if the room be closed; more accurately, two pounds of sulphur to 1,000 cubic feet of space is estimated by sanitary authorities; and one pound of insect powder to 1,000 cubic feet will suffice to stupefy the mosquitoes. The mosquitoes will fall to the floor and should be collected and burnt. The fumes of sulphur will not remain long, and household ammonia sprinkled about the room will diminish their unpleasantness.

The fumigation should be done in the morning, so that the room will be free of odor by night, and it should be done preferably in dry weather. Whenever the condition of the patient will permit, a room adjoining the one occupied by the patient should be first purified of mosquitoes and prepared for the reception of the patient, who is to be carefully transferred to the disinfected room as early as possible after the fourth day.

The work of disinfection and mosquito destruction, as well as screening, is now conducted by the Health Authorities, immediately after notification by the attending physician. But in isolated localities or when delay in obtaining sanitary relief is unavoidable, the physician and nurse must direct the members of the household in applying the prescribed regulations.

Additional precautions in sulphur fumigation, recommended by the Health Authorities in charge of sanitation in New Orleans during the present epidemic:

Remove all ornaments of metal, such as brass, copper, silver and gilt from the room that is to be fumigated. All objects of a metallic nature, which cannot be removed, can be protected by covering the objects tightly with paper, or with a thin coating of vasoline applied with a brush.

Remove from the room to be fumigated all fabric material after thoroughly shaking. Open all drawers and doors of furniture and closets.

The room should be closed and made as tight as possible by stopping all openings in chimney, floor, walls, keyholes and cracks near windows and doors.

Crevices can be closed by pasting strips of paper (old newspapers) over them with a paste made of flour.

The sulphur should be placed in an iron pot, flat skillet preferred, and this placed on bricks in a tub or other convenient water receptacle with about an inch of water in the bottom. This is a precaution which must be taken to guard against accidents, as the sulphur is liable to boil over and set fire to the house.

The sulphur is readily ignited by sprinkling alcohol over it and lighting it. The apartment should be kept closed for two hours, and then opened up and well ventilated.

NOTE—To find the cubic contents of the room, multiply the length of the room by the width, and this total by the height, and to find the amount of sulphur necessary to fumigate the room divide the cubic contents by 500, and the result will be the amount of sulphur required in pounds.

Take, for example, a room 15 feet long, 10 feet wide and 10 feet high, we would multiply 15x10x10, equals 1,500 cubic feet. Divide this by 500 and you will have the amount of sulphur required, viz: 3 pounds.

